

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO 10815479 FILING DATE 3-31-04  
 APPLICANT(S) \_\_\_\_\_

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
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TOTAL IND. <u>5</u>						
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TOTAL CLAIMS <u>20</u>						
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